01/17/2010 17:42

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines North Carolina Hospital Association Political Action Committee - Federal P.O. Box 4449 ADDRESS (number and street) Check if different than previously Cary NC 27519 4449 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS NEW **AMENDED** C00194647 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Χ Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2009 12 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Mr. Jamal Jones Type or Print Name of Treasurer Electronically Filed by Mr. Jamal Jones 0 1 17 2010 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	2 / 14
	Write or Type Committee Name North Carolina Hospital Association I	Political Action Committee - Federal	
1	Report Covering the Period: From:	M M D D Y Y Y Y Y Y TO	D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 2009 Y Y Y		90228.84
	(b) Cash on Hand at Begining of Reporting Period	45917.29	
	(c) Total Receipts (from Line 19)	42863.90	74658.88
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	88781.19	164887.72
7.	Total Disbursements (from Line 31)	0.00	76176.57
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	88781.19	88711.15
9.	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 14

Write or Type Committee Name

North Carolina Hospital Association Political Action Committee - Federal

Report Covering the Period:

From: 0 7

D D D

2009

та:

м м 12 ^D 31

^Y ^Y ^Y ^Y 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	9792.80	16412.80
	(ii) Unitemized	33071.10	58246.08
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	42863.90	74658.88
(b) Political Party Committees	0.00	0.00
`	c) Other Political Committees (such as PACs) d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	42863.90	74658.88
	ransfers From Affiliated/Other Party Committees	0.00	0.00
3. <i>F</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
te	o Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts Dividends, Interest, etc.)	0.00	0.00
	ransfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(0	c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))	42863.90	74658.88
	otal Federal Receipts subtract Line 18(c) from Line 19)	42863.90	74658.88

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 14

	SBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating	Expenditures: ——ed Federal/Non-Federal		
	ty (from Schedule H4)	0.00	0.00
(i)	ederal Share	0.00	0.00
(ii)	Non-Federal Share	0.00	0.00
` '	Federal Operating	0.00	76.57
•	nditures	0.00	76.57
	Operating Expenditures 21(a)(i), (a)(ii) and (b))	0.00	76.57
	to Affiliated/Other Party		
	9S	0.00	0.00
 Contribution Federal Cand Other 	andidates/Committees Political Committees	0.00	54100.00
. Independe	nt Expenditure	200	2.00
	dule E)	0.00	0.00
Committee (use Sche	ed Expenditures Made by Party es (2 U.S.C. 441a(d)) dule F)	0.00	0.00
,	_	200	0.00
. Loan Repa	ayments Made	0.00	0.00
. Loans Ma	de	0.00	0.00
	f Contributions To:		
	duals/Persons Other Political Committees	0.00	0.00
	cal Party Committees	0.00	0.00
(c) Other	Political Committees		
`	as PACs)	0.00	0.00
, ,	Contribution Refunds	0.00	0.00
(add	Lines 28(a), (b), and (c))	0.00	0.00
. Other Disk	oursements	0.00	22000.00
. Federal E	ection Activity (2 U.S.C 431(20))		
	d Federal Election Activity		
(from	Schedule H6)	0.00	0.00
(i) Fe	deral Share	0.00	0.00
(ii) "L	evin" Share	0.00	0.00
(b) Feder	al Election Activity Paid Entirely	2.22	2.22
` '	Federal Funds	0.00	0.00
` '	Federal Election Activity (add ss 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
. Total Disl	oursements (add Lines 21(c), 22,		
	5, 26, 27, 28(d), 29 and 30(c))	0.00	76176.57
	leral Disbursements Line 21(a)(ii) and Line 30(a)(ii)		
	LINE 21(a)(II) and LINE 30(a)(II)		
,	31)	0.00	76176.57

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 14

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	42863.90	74658.88
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	42863.90	74658.88
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	76.57
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	76.57

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 14 (check only one) X 11a
0	any information copied from such Reports and S r for commercial purposes, other than using the	tatements ma name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) North Carolina Hospital Association Poly	olitical Actio	n Committee - Federal	
۷.	Full Name (Last, First, Middle Initial) David H. Long, Jr.			Date of Receipt
	Mailing Address 650 Poplar Brances Cl			07 09 7 2009
	City Belville	State NC	Zip Code 28451-9547	Transaction ID: 17376018
	FEC ID number of contributing federal political committee.	C	20431-9347	Amount of Each Receipt this Period 212.40
	Name of Employer Pender Memorial Hospital	Occupation Administ		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 212.40	
- 3.	Full Name (Last, First, Middle Initial) Mr. W. Spencer Lilly			Date of Receipt
	Mailing Address 9306 Copans Glen Ln.			07 15 2009
	City	State	Zip Code	Transaction ID: 17376049
	Huntersville FEC ID number of contributing federal political committee.	C	28078-6489	Amount of Each Receipt this Period 480.00
	Name of Employer Carolinas Medical Center- University	Occupation Administ		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 480.00	
_	Full Name (Last, First, Middle Initial) Mrs. Phyllis Wingate-Jones			Date of Receipt
	Mailing Address 5522Challis View Lane)		07 15 2009
	City	State	Zip Code	Transaction ID: 17376054
	Charlotte FEC ID number of contributing federal political committee.	C	28226	Amount of Each Receipt this Period 400.00
	Name of Employer Carolinas Medical Center- Mercy	Occupation Administ		
	Receipt For: Primary General Other (specify)	. '	e Year-to-Date ▼ 400.00	
Γ,	SUBTOTAL of Receipts This Page (optional)		_	1092.40

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 14 (check only one) X
or for commo	tion copied from such Reports and St ercial purposes, other than using the F COMMITTEE (In Full) Carolina Hospital Association Po	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Mr. J. Wil Mailing A City Goldsbo	oro number of contributing olitical committee.	State NC	Zip Code 27532-0155	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt F	Employer //emorial Hospital For: mary General ner (specify) •		t and Chief Executive Office Year-to-Date 300.00	r
	le (Last, First, Middle Initial) s J. Lawler kddress 3905 Cantata Dr.	State	Zip Code	Date of Receipt 0 7 0 9 2 0 0 9
<u>Greenv</u> FEC ID r	ille number of contributing olitical committee.	NC C	27858-6066	Transaction ID: 17376174 Amount of Each Receipt this Period 400.00
<u>ital</u> Receipt F	Employer hty Memorial Hosp- For: mary General her (specify) The state of the	Occupation Presiden Aggregate		
Full Nam Michael L Mailing A				Date of Receipt
City Monroe	number of contributing	State NC	Zip Code 28112-6000	Transaction ID: 17376326 Amount of Each Receipt this Period
federal po	Employer s Medical Center-	Occupation Presiden		300.00
Receipt F	For: mary General ner (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
SUBTOTA	L of Receipts This Page (optional)			1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 14 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) North Carolina Hospital Association	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ms. April S. Culver, JD Mailing Address 1305 Short Journe	v Road		Date of Receipt
City	State	Zip Code	0 7 0 5 2 0 0 9 Transaction ID: 17376452
Smithfield FEC ID number of contributing federal political committee.	NC C	27577-6605	Amount of Each Receipt this Period 400.00
Name of Employer Johnston Health Receipt For: Primary General Other (specify)		nsident, Government Affairs Year-to-Date ▼ 400.00	
Full Name (Last, First, Middle Initial) Kami Anderson Mailing Address 1620 Goley Hewett	t Rd. #304		Date of Receipt 0 7 0 6 2 0 0 9
City	State	Zip Code	Transaction ID: 17376462
Bolivia FEC ID number of contributing federal political committee.	C	28422-8254	Amount of Each Receipt this Period 400.00
Name of Employer J. Arthur Dosher Memorial Hospital Receipt For: Primary General Other (specify)	Occupation Anesthes Aggregate		
Full Name (Last, First, Middle Initial) Mr. Gregory J Beier	I		Date of Receipt
Mailing Address 209 Heatherton Wa	ay		07 09 2009
City Winston Salem	State NC	Zip Code 27104-4448	Transaction ID: 17376519 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		400.00
Name of Employer Forsyth Medical Center		t and Chief Executive Officer	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (options	al)		1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 14 (check only one) X
A	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Hospital Association P	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Mr. William A. Pully Mailing Address 2728 Cambridge Road	i		Date of Receipt 0 7 0 9 2 0 0 9
	City Raleigh	State NC	Zip Code 27608-1142	Transaction ID: 17376538 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer North Carolina Hospital Association Receipt For: Primary General Other (specify)	Occupation President Aggregate		
	Full Name (Last, First, Middle Initial) Mr. Joseph F Damore Mailing Address 509 Biltmore Avenue			Date of Receipt 0 7 0 6 2 0 0 9
	City	State	Zip Code	Transaction ID: 17376574
	Asheville	NC	28801-4690	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Mission Hospital	Occupatio Presiden	n t and Chief Executive Office	ır
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Mr. John K Barto, , Jr.			Date of Receipt
	Mailing Address 6417 Shinn Creek Ln.			07 09 YYYY 2009
	City	State	Zip Code	Transaction ID: 17376622
	Wilmington FEC ID number of contributing federal political committee.	C	28409-2153	Amount of Each Receipt this Period 400.00
	Name of Employer New Hanover Regional Medi- cal Center	Occupatio Chief Ex	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	SUBTOTAL of Receipts This Page (optional)	1	1	1200.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 14 (check only one) X
Ar	ny information copied from such Reports and Stror commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Hospital Association Po	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<u>∠</u> . .	Full Name (Last, First, Middle Initial) Ms. Ann M. Lore Mailing Address 3604 Knightcroft Pl. City	State	Zip Code	Date of Receipt 0 7 0 7 2 0 0 9 Transaction ID: 17376636
	Fuguay Varina FEC ID number of contributing federal political committee.	NC C	27526-8694	Amount of Each Receipt this Period 400.00
	Name of Employer Duke University Health System Receipt For: Primary General Other (specify) ▼		overnment Relations Represe e Year-to-Date ▼ 400.00	entat
3.	Full Name (Last, First, Middle Initial) Mr Paul S Franz Mailing Address P O Box 32861 1320 Fillmore Avenue,	Unit 413		Date of Receipt 0 7 0 7 2 0 0 9
	City Charlotte FEC ID number of contributing federal political committee.	State NC	Zip Code 28232-2861	Transaction ID: 17376676 Amount of Each Receipt this Period 400.00
	Name of Employer Carolinas HealthCare System Receipt For: Primary General Other (specify) ▼		n e Vice President Operations e Year-to-Date ▼ 400.00	
	Full Name (Last, First, Middle Initial) Mr. Michael C Tarwater Mailing Address P O Box 32861			Date of Receipt
	City Charlotte	State NC	Zip Code 28232-2861	Transaction ID: 17376680 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Carolinas HealthCare Syst-	Occupatio		400.00
	em Receipt For: Primary General Other (specify) ▼		at and Chief Executive Officer e Year-to-Date ▼ 400.00	
s	SUBTOTAL of Receipts This Page (optional)			1200.00

Mailing Address PO Box 5109	 	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and St	atements ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 14 (check only one) X 11a 11b 11c 12 13 14 15 16 17 on for the purpose of soliciting contributions
A. Mr. Charles Frock Mailing Address PO Box 5109 City Pinehurst NC 28374-5109 FEC ID number of contributing federal political committee. Name of Employer First Health of the Caroli- Inss. Receipt For: Primary General Other (specify) ▼ City State Zip Code Chief Executive Officer Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Limwood Jones Mailing Address Post Office Box 4449 City State Zip Code Transaction ID: 17376766 Amount of Each Receipt this Period Date of Receipt O 7	\	NAME OF COMMITTEE (In Full)			o solicit contributions from such committee.
City State Zip Code NC 28374-5109 FEC ID number of contributing federal political committee. No. 28374-5109 FEC ID number of contributing federal political committee. No. 28374-5109 Cocupation Chief Executive Officer Recept For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Stan Taylor Mailing Address 308 Pace St. City State Zip Code NC 27604-1209 FEC ID number of contributing federal political committee. Recept For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Stan Taylor FEC ID number of contributing federal political committee. C. Marme (Last, First, Middle Initial) Mr. Linwood Jones Mailing Address Post Office Box 4449 City State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Mr. Linwood Jones Mailing Address Post Office Box 4449 City State Zip Code NC 27519-4449 FEC ID number of contributing federal political committee. C. Mill Name (Last, First, Middle Initial) Mr. Linwood Jones Mailing Address Post Office Box 4449 City State Zip Code NC 27519-4449 FEC ID number of contributing federal political committee. C. Marme of Employer North Carolina Receipt For: Primary General Other (specify) ▼ North Carolina Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Ag	Α.	Mr. Charles T Frock			—
Pinehurst Pinehurst Pinehurst RC 28374-5109 FEC ID number of contributing federal political committee. Name of Employer First Health of the Carolinas Recorpt For: Polither (specify) ▼ Pill Name (Last, First, Middle Initial) Mr. Stan Taylor Mailing Address 308 Pace St. City State Zip Code NC 27604-1209 FEC ID number of contributing federal political committee. Name of Employer Wakefwed NC 27604-1209 FEC ID number of contributing federal political committee. Name of Employer Wakefwed Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Linwood Jones Mailing Address Post Office Box 4449 City State Zip Code Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ FEC ID number of contributing federal political committee. C. Mr. Linwood Jones Mailing Address Post Office Box 4449 City State Zip Code NC 27519-4449 FEC ID number of contributing federal political committee. Name of Employer North Carolina Receipt For: Porting General Counsel Aggregate Year-to-Date ▼ Primary General Counsel Aggregate Year-to-Date ▼			Ctoto	Zin Codo	07 09 2009
Receipt For:				·	
Receipt For:		FEC ID number of contributing			
Primary General Other (specify) ▼ 400.00 Post of Receipt		nas	Chief Ex	ecutive Officer	
Mailing Address 308 Pace St. City State Zip Code NC 27604-1209 FEC ID number of contributing federal political committee. Name of Employer WakeMed VP, Business Development & Managed Ctiry State Zip Code Aggregate Year-to-Date ▼ Full Name (Last, First, Middle Initial) Ctiry State Zip Code Aggregate Year-to-Date ▼ City State Zip Code Amount of Each Receipt this Period Full Name (Last, First, Middle Initial) Ctiry State Zip Code Aggregate Year-to-Date ▼ City State Zip Code NC 27519-4449 FEC ID number of contributing federal political committee. Name of Employer North Carolina Hospital Association Receipt For: Primary General Occupation General Counsel Receipt For: Primary General Occupation General Counsel Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1680.00		Primary General	Aggregate		
Mailing Address 308 Pace St. City State Zip Code NC 27604-1209 FEC ID number of contributing federal political committee. Name of Employer WakeMed Receipt For:	- R				Date of Receipt
City State Zip Code NC 27604-1209 FEC ID number of contributing federal political committee. Name of Employer WakeMed VP, Business Development & Managed Primary General Other (specify) ▼ C. Full Name (Last, First, Middle Initial) City State Zip Code Aggregate Year-to-Date ▼ City State Zip Code Transaction ID: 17376766 Amount of Each Receipt this Period Car Car Car Date of Receipt Mailing Address Post Office Box 4449 City State Zip Code Transaction ID: 17554372 Cary NC 27519-4449 FEC ID number of contributing federal political committee. Name of Employer North Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼	υ.				M M / D D / Y Y Y Y
Raleigh NC 27604-1209 FEC ID number of contributing federal political committee. Name of Employer WakeMed VP, Business Development & Managed Receipt For: Primary General Other (specify) ▼ City State Zip Code NC 27519-4449 FEC ID number of contributing federal political committee. Name of Employer Nort Carolina Hospital Association Receipt For: Primary General Occupation Name of Employer Nort Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period Car Aggregate Year-to-Date ▼ Transaction ID: 17554372 Amount of Each Receipt this Period Baso.00 Amount of Each Receipt this Period Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼ Aggregate Year-to-Date ▼		City	State	Zip Code	
Name of Employer WakeMed		Raleigh	NC	27604-1209	
Receipt For: Primary			C		400.00
Primary General Other (specify) ▼		Name of Employer WakeMed			ed Car
Mailing Address Post Office Box 4449 City State Zip Code Cary NC 27519-4449 FEC ID number of contributing federal political committee. Name of Employer North Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Primary General	Aggregate		
City Cary State Zip Code NC 27519-4449 FEC ID number of contributing federal political committee. Name of Employer North Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ State Zip Code Transaction ID: 17554372 Amount of Each Receipt this Period 880.00 Aggregate Year-to-Date ▼ 880.00	- С.	, , , , , , , , , , , , , , , , , , , ,			Date of Receipt
Cary NC 27519-4449 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer North Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ Amount of Each Receipt this Period 880.00 Aggregate Year-to-Date ▼ 1680.00		Mailing Address Post Office Box 4449			
FEC ID number of contributing federal political committee. Name of Employer North Carolina Hospital Association Receipt For: Primary General Other (specify) Other (specify) 880.00				Zip Code	Transaction ID: 17554372
Name of Employer North Carolina Hospital Association Receipt For: Primary Other (specify) ▼ Occupation General Counsel Aggregate Year-to-Date 880.00		•	NC	27519-4449	Amount of Each Receipt this Period
North Carolina Hospital Association Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00			C		880.00
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 880.00		North Carolina Hospital			
Other (specify) 880.00		Receipt For:	Aggregate	e Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		, –	0 0	880.00]
		SUBTOTAL of Receipts This Page (optional)			1680.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FE ITEMIZED RECEIF	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 14 (check only one) X
or for commercial purposes, NAME OF COMMITTEE	other than using the name and a	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Mi Mr. J. Mike Stevenson Mailing Address 1711 City Murphy FEC ID number of contrib federal political committee Name of Employer Murphy Medical Center Receipt For:	Mission Rd. State NC outing Occupat Admini Aggrega		Date of Receipt M M M D D D Z D D D D D D D D D D D D D
Other (specify) ▼ Full Name (Last, First, Mi Mr. Hugh H. Tilson, Jr.	eneral ddle Initial) College Place	400.00	Date of Receipt 0 8 1 2 2 0 0 9
City Raleigh FEC ID number of contrib federal political committee Name of Employer North Carolina Hospital Association Receipt For: Primary Other (specify)	Occupat Vice Pr	Zip Code 27605-1718 tion resident, Government Relation ate Year-to-Date ▼ 400.00	Transaction ID: 17554493 Amount of Each Receipt this Period 400.00
Full Name (Last, First, Mi Dr. William J Fulkerson, , M Mailing Address 815 P City Hillsborough FEC ID number of contrib federal political committee	I.D. Ileasant Green Rd. State NC outing	Zip Code 27278-7805	Date of Receipt M M
Name of Employer Duke University Hospital Receipt For: Primary Other (specify)		ition Executive Officer ate Year-to-Date 400.00	
SUBTOTAL of Receipts Th	is Page (optional)		900.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 14 (check only one) X
A	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) North Carolina Hospital Association P	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions
∠ A.	Full Name (Last, First, Middle Initial) Mr. Jimm Bunch Mailing Address P O Box 1569 City Fletcher FEC ID number of contributing federal political committee.	State NC	Zip Code 28732-1569	Date of Receipt 0 9 1 6 2 0 0 9 Transaction ID: 17554553 Amount of Each Receipt this Period
	Name of Employer Park Ridge Hospital Receipt For: Primary Other (specify)	Occupation Presiden	n t and Chief Executive Office e Year-to-Date ▼ 320.40	<u>r</u>
 3.	Full Name (Last, First, Middle Initial) Mr. William Mahone, V Mailing Address P O Box 1089	1		Date of Receipt 0 9 1 0 2 0 0 9
	City Roanoke Rapids	State NC	Zip Code 27870-1089	Transaction ID: 17554623 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Halifax Regional Medical Center Receipt For: Primary General Other (specify)	1	n t and Chief Executive Office e Year-to-Date ▼ 400.00	r
 :.	Full Name (Last, First, Middle Initial) Mr. J. Anthony Rose			Date of Receipt
•	Mailing Address 810 Fairgrove Church	Road SE		10 15 2009
	City	State	Zip Code	Transaction ID: 17847756
	Hickory FEC ID number of contributing federal political committee.	NC C	28602-9617	Amount of Each Receipt this Period 200.00
	Name of Employer Catawba Valley Medical Ce- nter	Occupatio Presiden	n t and Chief Executive Office	r
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
[SUBTOTAL of Receipts This Page (optional)			920.40

A.

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 14/14 Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c 12 **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) North Carolina Hospital Association Political Action Committee - Federal Full Name (Last, First, Middle Initial) Date of Receipt Mr Dean Swindle Mailing Address 2850 Bitting Road 1.1 19 2009 City State Zip Code Transaction ID: 17847805 Winston Salem NC 27104-3004 Amount of Each Receipt this Period FEC ID number of contributing C 600.00 federal political committee. Name of Employer Novant Health Occupation Executive VP & CFO Receipt For: Aggregate Year-to-Date Primary General 600.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	600.00
TOTAL This Period (last page this line number only)	•	9792.80